

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

Rec'd PCT/PTO 04 OCT 2004
VORAB

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) SCar020190WO

Box No. I TITLE OF INVENTION

ENABLING A CONTENT PROVIDER INITIATED CONTENT DELIVERY

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

NOKIA CORPORATION
Keilalahdentie 4

FI - 02150 Espoo
Finland

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
FI

State (that is, country) of residence:
FI

This person is applicant
for the purposes of:

☐ all designated
States

☒ all designated States except
the United States of America

☐ the United States
of America only

☐ the States indicated in
the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SÖDERBACKA, Lauri
Aarnivalkeantie 5 B 26

FI - 02100 Espoo
Finland

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box
is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
FI

State (that is, country) of residence:
FI

This person is applicant
for the purposes of:

☐ all designated
States

☐ all designated States except
the United States of America

☒ the United States
of America only

☐ the States indicated in
the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

COHAUSZ & FLORACK
SCHIPPAN, Ralph
Kanzlerstraße 8a
40472 Düsseldorf
Deutschland

Telephone No.

+49 211 90 49 00

Facsimile No.

+49 211 90 49 049

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

WARSTA, Ville
Pietarinkatu 15 B 65

FI - 00140 Helsinki
Finland

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FI

State (that is, country) of residence:

FI

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH & LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> MZ Mozambique |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> JP Japan | |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MD Republic of Moldova | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> DZ Algeria | | |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> MW Malawi | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GB United Kingdom | | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> GD Grenada | | |
| <input checked="" type="checkbox"/> GE Georgia | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (*only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office*) identified above as:

☐ all items
 ☐ item (1)
 ☐ item (2)
 ☐ item (3)
 ☐ item (4)
 ☐ item (5)
 ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):


Date (day/month/year) Number Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. IX CHECK LIST; LANGUAGE OF FILING																																								
<p>This international application contains:</p> <p>(a) the following number of sheets in paper form:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">request (including declaration sheets) :</td> <td style="text-align: right; padding: 2px;">5</td> </tr> <tr> <td style="padding: 2px;">description (excluding sequence listing part) :</td> <td style="text-align: right; padding: 2px;">25</td> </tr> <tr> <td style="padding: 2px;">claims :</td> <td style="text-align: right; padding: 2px;">7</td> </tr> <tr> <td style="padding: 2px;">abstract :</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">drawings :</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">Sub-total number of sheets :</td> <td style="text-align: right; padding: 2px;">40</td> </tr> </table> <p>sequence listing part of description (<i>actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below</i>) :</p> <p>Total number of sheets : 40</p> <p>(b) sequence listing part of description filed in computer readable form</p> <p>(i) <input type="checkbox"/> only (under Section 801(a)(i))</p> <p>(ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801(a)(ii))</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (<i>additional copies to be indicated under item 9(ii), in right column</i>):</p>	request (including declaration sheets) :	5	description (excluding sequence listing part) :	25	claims :	7	abstract :	1	drawings :	2	Sub-total number of sheets :	40	<p>This international application is accompanied by the following item(s) (<i>mark the applicable check-boxes below and indicate in right column the number of each item</i>):</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">1. <input checked="" type="checkbox"/> fee calculation sheet :</td> <td style="width: 5%;"></td> </tr> <tr> <td style="padding: 2px;">2. <input type="checkbox"/> original separate power of attorney :</td> <td></td> </tr> <tr> <td style="padding: 2px;">3. <input type="checkbox"/> original general power of attorney :</td> <td></td> </tr> <tr> <td style="padding: 2px;">4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: :</td> <td></td> </tr> <tr> <td style="padding: 2px;">5. <input type="checkbox"/> statement explaining lack of signature :</td> <td></td> </tr> <tr> <td style="padding: 2px;">6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): :</td> <td></td> </tr> <tr> <td style="padding: 2px;">7. <input type="checkbox"/> translation of international application into (language): :</td> <td></td> </tr> <tr> <td style="padding: 2px;">8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material :</td> <td></td> </tr> <tr> <td style="padding: 2px;">9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other)) :</td> <td></td> </tr> <tr> <td style="padding: 2px;"> (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :</td> <td></td> </tr> <tr> <td style="padding: 2px;"> (ii) <input type="checkbox"/> (<i>only where check-box (b)(i) or (b)(ii) is marked in left column</i>) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :</td> <td></td> </tr> <tr> <td style="padding: 2px;"> (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column :</td> <td></td> </tr> <tr> <td style="padding: 2px;">10. <input type="checkbox"/> other (<i>specify</i>): :</td> <td></td> </tr> </table>	1. <input checked="" type="checkbox"/> fee calculation sheet :		2. <input type="checkbox"/> original separate power of attorney :		3. <input type="checkbox"/> original general power of attorney :		4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: :		5. <input type="checkbox"/> statement explaining lack of signature :		6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): :		7. <input type="checkbox"/> translation of international application into (language): :		8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material :		9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other)) :		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :		(ii) <input type="checkbox"/> (<i>only where check-box (b)(i) or (b)(ii) is marked in left column</i>) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column :		10. <input type="checkbox"/> other (<i>specify</i>): :		<p>Number of items</p>
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drawings :	2																																							
Sub-total number of sheets :	40																																							
1. <input checked="" type="checkbox"/> fee calculation sheet :																																								
2. <input type="checkbox"/> original separate power of attorney :																																								
3. <input type="checkbox"/> original general power of attorney :																																								
4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: :																																								
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10. <input type="checkbox"/> other (<i>specify</i>): :																																								
<p>Figure of the drawings which should accompany the abstract: Fig. 2</p>	<p>Language of filing of the international application: English</p>																																							
<p>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</p> <p><i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i></p> <p>Düsseldorf, 03/04/2002</p>  <p>Dr. Ralph Schippan Patent Attorney (24)</p>																																								

For receiving Office use only	
<p>1. Date of actual receipt of the purported international application:</p>	<p>2. Drawings:</p> <p><input type="checkbox"/> received:</p> <p><input type="checkbox"/> not received:</p>
<p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:</p>	
<p>4. Date of timely receipt of the required corrections under PCT Article 11(2):</p>	
<p>5. International Searching Authority (if two or more are competent): ISA /</p>	<p>6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid</p>
<p style="text-align: center;">For International Bureau use only</p>	
<p>Date of receipt of the record copy by the International Bureau:</p>	

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Applicant's or agent's
file reference

SCar020190WO

Date stamp of the receiving Office

Applicant

NOKIA CORPORATION

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE 100 chf. [T]

2. SEARCH FEE 1.383 chf. [S]

International search to be carried out by _____
(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where item (b) of Box No. IX applies, enter Sub-total number of sheets } 40
Where item (b) of Box No. IX does not apply, enter Total number of sheets }

[b1] first 30 sheets 650 chf. [b1]

[b2] 10 x 15 = 150 chf. [b2]
number of sheets fee per sheet
in excess of 30

[b3] additional component (only if sequence listing part of description
is filed in computer readable form under Section 801(a)(i), or
both in that form and on paper, under Section 801(a)(ii)):

400 x _____ = [b3]
fee per sheet

Add amounts entered at b1, b2 and b3 and enter total at B 800 chf. [B]

Designation Fees

The international application contains 89 designations.

5 x 140 = 700 chf. [D]
number of designation fees amount of designation fee
payable (maximum 6)

Add amounts entered at B and D and enter total at I 1.500 chf. [I]

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) [P]

5. TOTAL FEES PAYABLE 2.983 chf.

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☒ authorization to charge deposit account (see below) ☐ postal money order ☐ cash ☐ coupons
☐ cheque ☐ bank draft ☐ revenue stamps ☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☒ Authorization to charge the total fees indicated above.
☒ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.
☐ Authorization to charge the fee for priority document.

Receiving Office: RO/ WIPO

Deposit Account No.: 11486

Date: 03/04/2002

Name: Dr. Ralph Schippan

Signature: _____